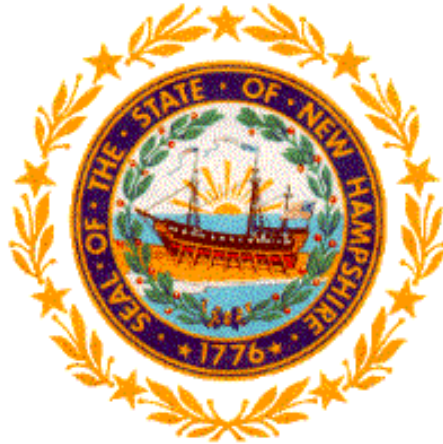


STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Mental Health Services



Supported Employment Fidelity Assessment

for

Greater Nashua Community Mental Health Center

Conducted on October 4th, 5th and 17th

Final Report Issued: December 19, 2016

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I. ACRONYMS

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
DHHS	Department of Health and Human Services
EBP	Evidence-Based Practice
LU	Low Service Utilization
MH	Mental Health
NH	New Hampshire
NHH	New Hampshire Hospital
PSA	Peer Support Agency
PIP	Program Improvement Plan
QAI	Quality Assurance and Improvement
QSR	Quality Service Review
SE	Supportive Employment
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness
VR	Vocational Rehabilitation

II. EXECUTIVE SUMMARY

The Fidelity Team was pleased with the openness and cooperation exhibited from all levels at Greater Nashua Mental Health Center (GNMHC) in terms of preparation, scheduling, coordination of the assessment activities, access to records, staff, and consumers for the fidelity review. GNMHC was asked to be flexible regarding the ability for chart reviews to be conducted, and did so without any hesitation.

The outcome of this review for GNMHC is the achievement of a “Good Fidelity” rating with a score of 108 out of a possible 125 points. Many areas of strengths were noted, and are listed in the Highlights section below. Several areas could be strengthened, as are listed in the Areas of Focus section below.

Highlights:

Agency Support: GNMHC has developed some internal mechanisms to increase referrals and knowledge regarding Supported Employment (SE). Management staff meets regularly and shares penetration rates with staff weekly.

Staff Training and Orientation: All agency staff receive an orientation to SE services, regardless of the program in which they are hired to work.

SE Staff Motivation: The Team was impressed with the commitment and motivation to provide exemplary services to their consumers. The SE staff appeared to be dedicated and flexible to provide whatever the consumers may require in order to obtain the ultimate goal of successful employment. The presence of a bi-lingual SE Specialist is noteworthy.

SE Marketing: There were numerous posters displayed regarding SE Services throughout the building. There was also a prominent bulletin board displaying “success” stories of consumers in the waiting room.

SE Services: The most important component of SE, the services themselves, is very much in alignment with high fidelity. Consumers expressed satisfaction and appreciation for the work of the SE Specialists, and individual attention and adaptations were noted throughout the various assessment opportunities.

Areas of focus (by Section I, II, III, and Item 1,2,3,...):

II. 3. Collaboration between Employment Specialists and Vocational Rehabilitation counselors

There was not a strong relationship with Vocational Rehabilitation (VR) reported by any of the staff. The consumers who met with the Team discussed negative experiences with VR. The Team was unable to speak with anyone from VR due to VR schedule conflicts.

Recommendation: Aim for Employment Specialists and VR counselors to have scheduled, face-to-face meetings at least monthly and have consumer-related contacts (phone, e-mail, in person) weekly, and as needed, to discuss shared consumers and referrals.

II. 5. Role of Employment Supervisor

The Employment Supervisor carries a caseload that is a full time position (25-30 consumers) in addition to his work as the supervisor. This caseload limits the other activities he can engage in regarding his role as Supervisor, such as field accompaniment and sharing outcomes.

Recommendation: Aim for the supervisor to have time allotted to carry out all five key roles: 1) full time supervisor is responsible for no more than 10 SE Specialists and does not have any other responsibilities; 2) conducts weekly SE supervision; 3) communicates with mental health treatment team leaders to ensure that services are integrated and to be a champion for the value of work. Attends a meeting for each treatment team on a quarterly basis; 4) accompanies SE Specialists, who are new or having difficulty with job development, in the field monthly to improve skills; and 5) reviews current consumer outcomes with SE Specialists and set goals to improve performance at least quarterly.

II. 6. Zero Exclusion Criteria

A rating of “4” was made in this item due to the obvious belief in the core principle that SE Services be offered to any consumer who expresses an interest in work. There were no barriers whatsoever found during the assessment, save for one crucial area that needs to be an area of focus. There was a wait list of 47 consumers at the time of assessment; some of whom had been waiting for SE Services for over 4 months.

Recommendation: Intensify efforts to hire and train more staff to deliver SE Services and shorten, or eliminate, the waiting period.

III. 6. Job development-Frequent employer contact:

There is not a mechanism to track this activity. Job Development was one area in which the SE Specialists spoke of frustration at not being able to engage in more frequently due to their productivity standards.

Recommendation: Aim to develop a process for tracking job development. Explore and clarify the productivity standards with both the SE Specialists and the Executive Team to ensure that this crucial component of the service can occur more frequently.

III. BACKGROUND AND PURPOSE

This report describes Individual Placement and Support/Supported Employment (IPS/SE) services at Greater Nashua Community Mental Health Center. The fidelity review is considered an integral component to complement and validate self-fidelity measures and is intended to promote and assure fidelity to the Dartmouth IPS model and compliance with the Community Mental Health Agreement (CMHA).

IV. REVIEW SCOPE AND PROCESS (METHODOLOGY)

The SE Fidelity Review Team conducted an on-site IPS/SE Fidelity Review on October 4, 2016. Chart reviews were conducted on October 5, 2016 and October 17, 2016. This review consisted of:

1. An agency orientation by the QA Director (15 minutes).
2. A meeting with the SE Team Leader (1 hour)
3. Observation of a SE Unit Meeting (1 hour)
4. Observation of a Clinical Team meeting (1 hour)
5. Observation of a SE Specialists meeting (1 hour)
6. Observation of a SE Specialist with a consumer in the community (1 hour)
7. A meeting with SE consumers (1 hour)
8. A meeting with the CEO, QA and CSP Directors (1 hour)

The Supported Employment Fidelity Scale was completed following the visit independently by each member of the SE Fidelity Review Team. A subsequent meeting was held in order to develop consensus scoring results. The scale is divided into three sections: including staffing, organization and services. Each item is rated on a 5-point response formation ranging from 1= no implementation to 5= full implementation with intermediate numbers representing progressively greater degrees of implementation. Agencies that fully implement IPS Supported Employment according to the scale criteria have shown to have higher competitive employment rates than those that do not. The following sections address the three areas based on the visit.

V. AGENCY OVERVIEW

The Greater Nashua Mental Health Center first began offering services in 1920. The Community Support Program offers Targeted Case Management, Illness, Management and Recovery Services, Functional Support Services, Assertive Community Treatment, Individual and Group Therapy, Psychiatric Evaluation, Medication Management, Vocational Services, Family support and Education, and Housing Support <http://www.gnmhc.org/health-services/adult-older-adult-services/community-support-services-for-adults>.

VI. REVIEW FINDINGS AND RECOMMENDATIONS / REQUIREMENTS

I. Staffing:

1. Caseload size:	SCORE = 4 out of 5
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Reports and interviews support that Employment Specialists' caseloads range between 21-25 consumers. There was a staff member out on maternity leave at the time of the assessment, so other SE Specialists' caseloads were higher than usual. The absence was recent; less than 3 months, so scoring allows taking into consideration "as if" the staff member was still working. Caseloads, when divided by 4 SE Specialists, results in the rating of "4"; 21-25 consumers.

2. Employment services staff:	SCORE= 5 out of 5
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Records reviewed, interviews with staff, supervisors, consumers, as well as observations revealed that Employment Specialists provide employment-related services at least 96% of the time. Staffs at all levels are aware of the Employment Specialists' need to focus solely on the delivery of SE services.

3. Vocational generalists:	SCORE = 5 out of 5
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Records reviewed, interviews with staff, supervisors, consumers as well as observations revealed that Employment Specialists carry out all six phases of employment services (e.g., program intake, engagement, assessment, job development/placement, job coaching and follow-along supports).

II. Organization:

1. Integration of rehabilitation with mental health treatment thru team assignment:	SCORE = 5 out of 5
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Records reviewed, interviews with staff, supervisors, consumers, as well as observations revealed that Employment Specialists are attached to one or two mental health treatment teams, from which 90-100% of the Employment Specialists caseload is comprised. There are three SE Specialists who are assigned to teams; the SE Leader also carries a caseload attached to a team.

2. Integration of rehabilitation with mental health treatment thru frequent team member contact:	SCORE= 5 out of 5
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Records reviewed, interviews with staff, supervisors, as well as observations, revealed that all five key components are present: 1) Employment Specialists attend weekly mental health treatment team meetings; 2) Employment Specialists participate in treatment team meetings with shared decision-making; 3) Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into a consumer's mental health treatment record; 4) Employment Specialists' offices are in close proximity to (or shared with) their mental health treatment team members; and 5) Employment Specialists help the team think about employment for people who haven't yet been referred to Supported Employment services.

3. Collaboration between Employment Specialists and Vocational Rehabilitation (VR) counselors:	SCORE= 3 out of 5
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Interviews with staff and supervisors revealed that Employment Specialists and VR counselors have consumer-related contacts (phone, e-mail, and in-person) at least quarterly to discuss shared consumers and referrals.

4. Vocational unit:	SCORE= 5 out of 5
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Interviews with staff, supervisors, consumers, as well as observations, revealed that there are at least 2 full-time Employment Specialists and a team leader that form an employment unit with weekly consumer-based group supervision based on the Supported Employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseloads when needed. Caseload coverage was evident with one SE Specialist being out on maternity leave and SE services for her consumers continuing with other SE Specialists. The hiring of additional staff is something the agency may want to consider.

5. Role of employment supervisor:	SCORE= 2 out of 5
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Interviews with staff, supervisors, consumers, as well as observations revealed that three key roles of the employment supervisor are present. The Fidelity Review Team observed the

following: 1) The SE Leader conducts weekly Supported Employment supervision designed to review consumer situations and identify new strategies and ideas to help consumers in their work lives; 2) the SE Leader communicates with mental health treatment team leaders to ensure that services are integrated, to problem-solve programmatic issues (such as referral process, or transfer of follow-along supports to mental health workers) and to be a champion for the value of work. The Leader attends a meeting for each mental health treatment team on a quarterly basis. The three roles that the Fidelity Team found missing were: 1) One full-time equivalent (FTE) supervisor is responsible for no more than 10 Employment Specialist. The SE Leader does not have other supervisory responsibilities (Program leaders supervising fewer than ten Employment Specialists may spend a percentage of time on other supervisory activities on a pro-rated basis. For example, a SE Leader responsible for 2 Employment Specialists may be devoted to SE Supervision half time). The SE Leader is responsible for 3 SE Specialists (plus one on maternity leave) and carries a caseload of 25-30 consumers; which is essentially a full time SE Specialist position; 2) The SE Leader accompanies Employment Specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g. meeting employers for job development; 3) The SE Leader reviews current consumer outcomes with Employment Specialists and sets goals to improve program performance at least quarterly. The Fidelity Review Team did not hear of regular sharing of outcomes with staff when staff was queried about this component. In order for the leader to be most effective, a reduced caseload is needed to allow time for administrative activities.

6. Zero exclusion criteria:	SCORE = 4 out of 5
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Interviews with staff, supervisors, consumers, as well as observations revealed that there was no evidence of formal or informal exclusion. One SE Specialist made the comment, “Just because someone is symptomatic doesn’t mean they can’t work”. Exclusion is occurring due to the wait list of 47 consumers, some waiting since May 2016 for SE services. The observation of the treatment team meeting revealed a few comments to indicate this area was a source of frustration and/or discouragement; “Has he finally been picked up (by SE)?” Referrals are solicited by a wide variety of sources. Employment Specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.

7. Agency focus on competitive employment:	SCORE = 5 out of 5
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Reviews of records, interviews with staff, supervisors, consumers, as well as observations revealed that the Agency promotes competitive work through all five strategies. The Fidelity Review Team saw that: 1) the Agency Intake does include questions about the consumer’s

interest in employment; 2) the Agency includes questions about interest in employment on all annual (or semiannual) assessment or treatment plan reviews. This was observed many times in the Quarterly Reviews; 3) the Agency displays written posting (e.g., bulletin boards, posters) about working and Supported Employment services, in the lobby or other waiting areas. There were numerous posters on many doors within the Center about SE services; 4) the Agency supports ways for consumers to share work stories with other consumers and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at consumer treatment groups, etc...) at least twice a year. There was a large bulletin board in the main waiting room with jobs listed and postings about consumers who had started working; 5) the Agency measures rate of competitive employment on at least a quarterly basis and shares outcome with agency leadership and staff. Penetration rates are shared weekly with staff.

8. Executive support for Supported Employment:	SCORE= 4 out of 5
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Interviews with supervisors as well as observations revealed that four key components of Executive team support are present. The Fidelity Team observed that the following were present: 1) the Executive Director and Clinical Director demonstrate knowledge regarding the principles of Evidence-Based Supported Employment; 2) at least one member of the Executive team actively participates at SE leadership team meetings (steering committee meeting) that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services; 3) the SE Leader shares information about Evidence-Based Practice (EBP) barriers and facilitators with the Executive team (including the Executive Director) at least twice each year. The Executive Team help the SE Leader identify and implement solution to barriers; 4) the agency CEO/Executive Director communicates how SE services support the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (e.g. SE kickoff, all-agency meetings, agency newsletters, etc...). This item is not delegated to another administrator. The Team found that the following component was missing: 1) the Agency QA process includes an explicit review of the SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity scale or until achieving high fidelity and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve SE implementation and sustainability. The Review Team learned that the QA Director conducts an annual Self-Fidelity assessment.

III. SERVICES:

1. Work incentives planning:	SCORE= 4 out of 5
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Reviews of records, interviews with staff, supervisors, consumers and observations revealed the work incentives planning process at Greater Nashua Community Mental Health Center. Employment Specialists, or other MH practitioners, offer consumers assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentive planning prior to starting a job. The SE Specialists are trained in this area and plan to continue to obtain additional training. They will also work with families who may have concerns about the possible impact of employment on benefits. There are times that a referral to VR occurs. There is not a staff member who is specifically trained to conduct work incentive planning with all consumers in the agency, as there is in some Centers. The SE Specialists are familiar with this aspect of the service, and make referrals for more intensive and/or specific planning if warranted.

2. Disclosure:	SCORE= 5 out of 5
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Reviews of records, interviews with staff, supervisors, consumers, and observations revealed that all four components regarding disclosure are present. Employment Specialists do not require all consumers to disclose their psychiatric disability at the work site in order to receive services. Employment Specialists offer to discuss with consumers the possible costs and benefits (pros and cons) of disclosure at the work site in advance of consumers disclosing at the work site. Employment Specialists describe how disclosure related to requesting accommodations and the employment specialist's role in communicating with the employer. Employment Specialists discuss specific information to be disclosed (e.g. disclose receiving mental health treatment or presence of a psychiatric disability, or difficulty with anxiety or unemployed for a period of time, etc...) and offers examples of what could be said to employers. Employment Specialists discuss disclosure on more than one occasion (e.g. if consumers have not found employment after two months or if consumers reports difficulty on the job). SE Specialists gave examples of disclosure and non-disclosure with their consumers.

3. Ongoing work-based vocational assessment:	SCORE = 4 out of 5
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Review of records, interviews with staff, supervisors, consumers and observations revealed that the initial vocational assessment occurs over 2-3 sessions in which interests and strengths are explored. Employment Specialists help consumers learn from each job experience and also work with the treatment team to analyze job loss, job problems, and job successes. They do not document these lessons learned in the vocational profile, OR the vocational profile is not updated on a regular basis. While there were some instances of detailed documentation, many of the records did not adequately convey the analysis of why jobs were lost or otherwise not a good fit.

The Vocational Profile is part of the Electronic Medical Record (EMR), but on a separate “drive”, so not as easily accessible for anyone reading a consumer’s chart to be up to date on the vocational aspect of a consumer’s life. Nor was there much documentation regarding job tailoring.

4. Rapid job search for competitive job:	SCORE = 5 out of 5
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Review of records, interviews with staff, supervisors, consumers and observations resulted in learning that the first face-to-face contact with an employer by the consumer or the Employment Specialist about a competitive job is on average within 30 days (1 month) after program entry. This was one area where documentation was not an issue; it was very thorough.

5. Individualized job search:	SCORE= 5 out of 5
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Review of records, interviews with staff, supervisors, consumers and observations revealed that Employment Specialists make employer contacts based on job choices which reflect the consumers’ preferences, strengths, symptoms, and lessons learned from previous jobs, etc... 90-100% of the time rather than the job market and are consistent with the current employment plan. When consumers have limited work experience, SE Specialists provide information about a range of job option in the community. A current employment plan was not consistently found in the record. There was on consumer who had a strong desire to work with machinery on a full time basis, yet was working at a grocery store. He spoke of on-going efforts to find a job with machinery, but none had come to fruition at the time of the assessment. He reported enjoying his work at the grocery store and the money he earned while he looked for a job with machinery. His record review supported referrals to VR, job offers of seasonal work only (snow removal) and job exploration that didn’t result in employment. All efforts were made with the goal of employment with machinery. One SE Specialist speaks Spanish and works on the “Red Team” that caters more to Spanish-speaking consumers, further assisting with individualized job searching and support in a language that is familiar and more comfortable to consumers who speak Spanish as their first language.

6. Job development-Frequent employer contact:	SCORE = 2 out of 5
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Review of records, interviews with staff, supervisors, consumers as well as observations revealed that each Employment Specialist make 2 face-to-face employer contacts per week that are consumer-specific, OR the agency does not have a process for tracking. This is an area that is under development at the agency; to develop a mechanism for tracking this activity. The Team also heard of frustrations expressed about being limited in the ability to conduct this aspect of SE

due to Productivity standards. Executive team members stated that job development was taken into consideration for productivity standards. It is possible that the SE Specialists may have a different understanding of what is expected vis a vis productivity.

7. Job Development-Quality of employer contact:	SCORE = 4 out of 5
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Review of records, interviews with staff, supervisors, consumers and observations revealed that Employment Specialists meet with employers in person whether or not there is a job opening, advocates for consumers by describing strengths and asks employers to interview consumers. The Team heard of some creative efforts to engage in job development, such as a planned trip to a mall by the entire unit to simultaneously inundate employers with information about SE services.

8. Diversity of job types:	SCORE=4 out of 5
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Review of records, interviews with staff, supervisors, consumers, and observations revealed that Employment Specialists assist consumers obtain different types of jobs 70-84% of the time. There were 18 consumers employed within a month from the time of the visit working in jobs ranging from “associate” to cashier, to janitor. There were 5 jobs listed without a job title; one at a donut store chain, one at a hotel, two at the Soup Kitchen and one at a retail shop. Of the 13 job titles that could be assessed, “Associate” was listed 3 times (at three different employers) and “crew” was listed twice. The result was 79% of the jobs are diverse.

9. Diversity of employers:	SCORE = 5 out of 5
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Review of records, interviews with staff, supervisors, consumers and observations revealed that Employment Specialists assist consumers obtain jobs with different employers 85-100% of the time. There were 14 different employers of the 18 employed consumers. The Soup Kitchen was listed three times; a fast food restaurant and a grocery store were listed twice, which is “allowed” in the scoring. The result was 92% of the employers were diverse.

10. Competitive jobs:	SCORE = 5 out of 5
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Review of records, interviews with staff, supervisors, consumers and observations revealed that 95% or more competitive jobs held by consumers are permanent. All of the jobs paid at least minimum wage; all of the jobs were permanent (not temporary or time-limited) and were jobs that were open to anyone to apply for-not set aside for individuals with disabilities.

11. Individualized follow-along supports:	SCORE = 4 out of 5
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Review of records, interviews with staff, supervisors, consumers and observations revealed that consumers receive different types of support for working a job that are based on the job, consumer preferences, work history, needs, etc.... Employment Specialists also provide employer support (e.g. education information, job accommodations) at consumers' request. The Team did not find examples of enhanced supports by treatment team members.

12. Time-unlimited follow-along supports:	SCORE = 5 out of 5
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Review of records, interviews with staff, supervisors, consumers and observations revealed that Employment Specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, as at least monthly for a year or more, on average, after working steadily and desired by consumers. The Team heard and read of a range of services from consumers who wanted no contact with their employer to one that had been working for a fairly long time and still had weekly follow-along supports.

13. Community-based services:	SCORE = 5 out of 5
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Review of records, interviews with staff, supervisors, consumers and observations revealed that Employment Specialists spend 65% or more of total scheduled work hours in the community. Employment Specialists were asked by the Team to share a random day. One shared attendance in a team meeting; followed by a meeting with a consumer to discuss a leave of absence from work and then a meeting to develop a resume. Another Specialist shared attendance of a training and some follow up phone calls happened in the office, but the rest of the activities were in the community. Billing codes likewise reflected community based work.

14. Assertive engagement and outreach by integrated treatment team:	SCORE = 4 out of 5
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Reviews of records, interviews with staff, supervisors, consumers and observations revealed that four strategies for engagement and outreach are used. The Team found evidence of: 1) service termination is not based on missed appointments or fixed time limits; 2) engagement and outreach attempts are made by integrated team members; 3) multiple home/community visits occur; 4) coordinated visits by Employment Specialists with integrated team member; 5) connect with family, when applicable. The one area found lacking was: 1) systematic documentation of outreach attempts. Verbally, Employment Specialists stated that they made outreach efforts, but three of the ten records reviewed showed that re-engagement efforts were not documented after

consumers did not show up for an appointment. One SE Specialist spoke of a concerted engagement effort that involved the consumer's aunt as an avenue for re-engagement.

IPS SE Fidelity Scale Results:

TOTAL Score = 108 Good Fidelity

VII. CONCLUSIONS AND NEXT STEPS

Greater Nashua Mental Health Center's score of 108 and the "Good Fidelity" result is admirable considering the staffing challenges faced by the combined factors of maternity leave of one SE Specialist, relatively new staff that comprise the SE Unit, and competition for CMHC employment from Massachusetts which historically pays staff a higher salary. More complete documentation and the development of tracking forms will augment the service and subsequent higher fidelity ratings.

Several important areas of focus will be followed by BMHS going forward. We recommend that GNMHC develop and submit an action plan that addresses the specific goals and measurable objectives that can be implemented toward better fidelity overall, prioritizing the fidelity items where ratings have declined or are 3 or below (see Section VIII). We look forward to your response within three weeks of receipt of this final report.

VIII. FIDELITY REVIEW TRENDS:

Comparing the 2015 and 2016 Supported Employment Fidelity reports

Greater Nashua Mental Health Center conducted a Self-fidelity in October 2015. The BMHS 2016 report had score of 108 which is 2 points higher than the GNMHC report from 2015 with a score of 106.

Compared to the 2015 report, the BMHS 2016 review noted improvement for:

Section I – Staffing:

1. Case load size

Section II-Organization:

1. Integration of rehabilitation with mental health treatment team thru team assignment
2. Integration of rehabilitation with mental health treatment team thru frequent team member contact
7. Agency focus on Supported Employment
8. Executive Team support for SE

Section III-Services:

10. Competitive jobs
12. Time-unlimited supports

Compared to the 2015 the 2016 review noted lower scores for:

Section II-Organization:

3. Collaboration between employment specialists and VR counselors
5. Role of employment supervisor
6. Zero exclusion criteria

Section III-Services:

6. Job development-Frequent employer contact
7. Job development-Quality of employer contact

The following table (TABLE 1) compares the overall compares the 2015 GNMHC Self-Fidelity rating with the 2016 BMHS Fidelity assessment scores.

TABLE 1.

I. Staffing	2015 Self-Fidelity	2016 BMHS Fidelity
1. Caseload size	3	4
2. Employment services staff	5	5
3. Vocational generalists	5	5
II. Organization		
1. Integration of rehabilitation with mental health thru team assignment	3	5
2. Integration of rehabilitation with mental health thru frequent team member contact	4	5
3. Collaboration between employment specialists and Vocational Rehabilitation counselors	5	3
4. Vocational unit	5	5
5. Role of employment supervisor	4	2
6. Zero exclusion criteria	5	4
7. Agency focus on competitive employment	3	5
8. Executive team support for SE	2	4
III. Services		
1. Work incentives planning	4	4
2. Disclosure Score:	5	5
3. Ongoing, work-based vocational assessment	4	4
4. Rapid search for competitive job	5	5
5. Individualized job search	5	5
6. Job development—Frequent employer contact	3	2
7. Job development—Quality of employer contact	5	4
8. Diversity of job types	5	5
9. Diversity of employers	5	5
10. Competitive jobs	4	5
11. Individualized follow-along supports	4	4
12. Time-unlimited follow-along supports	4	5
13. Community-based services	5	5
14. Assertive engagement and outreach by integrated treatment team	4	4

Supported Employment Fidelity Assessment
Action Plan
January 9, 2107

Greater Nashua Mental Health Center is pleased to have received a rating of “Good Fidelity” on our recent Supported Employment Fidelity review conducted in October 2016. While we are proud of the services we provide we are also aware that there are areas for improvement. Below is our plan to address these needs and to continue to improve our supported employment services.

II. 3. Collaboration between Employment Services and Vocational Rehabilitation Counselors

GNMHC has historically had a strong relationship with our local Vocational Rehabilitation (VR) providers. Currently VR is without a supervisor so coordinating services has been more difficult. We will continue to reach out to VR to strengthen that relationship and will offer face to face monthly meetings between VR and our supported employment staff to discuss shared clients and coordinate those meetings as soon as VR is able. The SE Team attends monthly CRP (Community Resource Provider) meetings at VR which are informational meetings that include many providers. The SE supervisor will at a minimum contact VR monthly to work on maintaining the relationship and coordinating more collaboration as soon as possible.

II. 5. Role of Employment Supervisor

It is recommended that the SE supervisor have time allotted to carry out all five key roles. Currently the SE supervisor carries a full case load of between 25 to 30 clients. His caseload often consists of clients who have been engaged in SE for a while and are at the point of needing fewer services to maintain successful employment. Therefore, the time requirements are not as significant. That being said, because we have committed to hiring additional SE specialists prior to the end of the fiscal year, we will aim to decrease the supervisor’s caseload by half by the end of fiscal year 2017. The expected billable services provided by our SE supervisor is only 25% of his work week, which leaves the majority of his time for managing the SE program.

1. **SE supervisor is responsible for no more than 10 SE specialists and does not have any other responsibilities.** SE supervisor currently supervises 4 FTE supported employment specialist with a new SES starting on January 16, 2017, bringing his total staff to 5 FTEs. In addition, we are slated to hire one more SES in the Spring.
2. **Conducts weekly supervision.** SE supervisor has weekly 1 hour individual supervision with all SE staff and a weekly team meeting attended by all staff.
3. **Communicates with the mental health treatment teams to ensure integrated services and be a champion for the value of SE.** SE supervisor meets with all treatment teams within the Community Support and Elders Programs at least quarterly and routinely promotes SE services in department meetings and other agency venues. He is active in the referral process and follows up with other supervisors as well as other staff involved in an individual’s treatment to promote SE services
4. **Accompanies SE specialists, who are new or struggling with job development into the field monthly to improve skills.** SE supervisor accompanies new staff or those

struggling into the field for job development; however, this has not been on a routine or structured basis. Beginning in January, the SE supervisor will accompany all new staff into the field for job development at least twice monthly for the first few months of their employment. He will also accompany staff struggling with this task as needed and will be sure to address difficulties routinely in supervision. In addition, if there are no new or struggling SE specialists, the SE supervisor will randomly accompany SE one staff into the community to observe and support them in job development at least once monthly.

5. **Reviews current consumer outcomes with SE specialists and sets goals to improve job development.** The SE supervisor reviews outcomes with staff and there is an expectation that staff provide at least six job development contacts per month. We do not have an effective way to track job development so are looking to improve reporting in this area. More information about this is included in response to a following area of improvement.

II. 6. Zero Exclusion Criteria. The SE team serves all clients interested in receiving SE services, so this was not the concern. The concern is that there is currently a waiting list for SE services. The agency had previously committed to a rigorous hiring schedule to increase our SE service provision and eliminate the waiting list. Below is a copy of that plan with the progress that has been made noted.

- Additional SE staff will be hired during the next fiscal year. One SE position will be filled during each quarter of FY17. The first new staff will start 7/25/16 and will be filling a current vacancy. An additional staff was also hired and began 7/25/16. Both staff will be fully trained in the provision of SE by 8/1/16. This will put us ahead of our goal of hiring one new SE staff each quarter and will allow for the rapid provision of SE to at least 50 clients who are new to the SE program. Two additional positions will be filled in the second half of FY17 bringing the total supported employment team to 6 full time positions.
 - By 7/25/16 – two additional SE specialists were hired and began work. - **Completed**
 - By 9/31/16 the new staff will be trained and their caseloads will be developed quickly as there is currently a waiting list of 68 clients. This will allow for rapidly providing services to an additional 50 to 60 clients by 10/30/16. - **Completed**
 - A third SE staff will be hired and trained during the third quarter of FY17. He or she will be trained and providing services to an additional 25 to 30 clients by 3/31/17. – **An additional SE specialist has already been hired and will start January 16, 2017. He will attend SE training in February but will begin developing his caseload after his initial 2 week training with GNMHC.**
 - A fourth SE staff will be hired during the fourth quarter of FY17 He or she will be trained and carrying an additional case load of 25 to 30 clients by 6/31/17.

III. 6. Job Development – Frequent Employer Contact. Our SE specialists have an expectation of 55% of their time being spent providing billable services. This allows for 45% of their time to be available for non-billable service provision, including job development. These expectations have been made clear to staff and support around being able to meet them is available. The agency has also committed to improving systems for documentation (i.e. training in collaborative documentation, clearer more concise notes, improved EMR functioning) alleviating some of the time constraints placed on SE specialists in

this area. We are continually working on ways, both on a program level and with our executive team, to make systems more efficient for our staff and enable all positions to be successful in meeting expectations. Our SE specialists are expected to participate in six job development contacts per month. We do not currently have an effective way of tracking these contacts and are considering ways to incorporate this documentation into the regular billable and non-billable SE service notes. This will allow us to effectively capture the job development efforts that are being made. The staff have also been very creative in their job development processes. For example, they went to the mall as a group, making several contacts for job development possible at once.